

## EMPLOYEE MOVING AND RELOCATION EXPENSE INFORMATION

Agency Code: \_\_\_\_\_

Reimbursement Number: \_\_\_\_\_ Is this the final reimbursement? Yes \_\_\_\_ No \_\_\_\_

Employee Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date Employed: \_\_\_\_\_ Date Tenure Agreement Signed: \_\_\_\_\_

Type of Moving Expenses	Total This Report	Total All Prior Reimbursements	Cumulative Total
<b>Taxable Expense:</b>			
Pre-move travel and lodging payments excluding meals: Number of trips: _____ Number of nights: _____			
Temporary quarters travel and lodging payments From: _____ To: _____			
Total meal payments for pre-move house hunting and temporary quarters			
Total meal payments incurred during travel from old to new home			
Storage Common Carrier Date From: _____ To: _____			
Qualified expenses of buying a new home			
Qualified expenses of selling old home			
Other payments (Specify on an attached sheet)			
<b>Subtotal Taxable Expenses</b>			
<b>Non-Taxable Expenses</b>			
Transportation-Common Carrier			
Transportation other than Common Carrier (Moving vehicle rental)			
Travel and lodging payments excluding meals for move from old to new home			
<b>Subtotal Non-Taxable Expenses</b>			
<b>Grand Total</b>			

### Certification Statements:

I certify that the expenses were incurred by me while moving and relocating at the request of the above cited agency of the Commonwealth of Virginia.

**Signature of Employee:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I certify that the expenses were incurred in an employee relocation requested by the Commonwealth of Virginia and do not exceed the requirements set forth in the DOA moving and relocation expense regulations. Written approval for reimbursement above normal established limits is attached.

**Signature of Agency Head:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_